

**LIGHT THE WORLD! CAMP AGREEMENT
AT THE CATHOLIC UNIVERSITY OF AMERICA**

This Agreement is executed by _____ (“Participant”) and, if Participant is under eighteen (18) years of age, by Participant’s Parent or Legal Guardian

_____ (collectively, the “Undersigned”). Light the World! Camp (“Camp”) will occur from (June 25-July 1, 2017 OR July 9-July 15, 2017) at The Catholic University of America (“University”). In consideration for participation in this voluntary Camp, Undersigned agrees to the following:

ASSUMPTION OF RISK: Undersigned has reviewed Camp information and understands that there are risks associated with participating in this Camp. Undersigned understands that Participants will be staying in dormitories on a college campus in an urban area and will have limited supervision. Undersigned also understands that Participant will be leaving the University campus during this Camp for activities elsewhere in the Washington metropolitan area. Undersigned is aware that risks include, but are not limited to, suffering minor, serious, and catastrophic physical and emotional injuries.

Undersigned understands that there are risks associated with participation in the Camp, travel associated with the Camp, and leaving the University campus and Undersigned voluntarily assumes such risks. (Please initial: ____/____)

RELEASE AND INDEMNITY: Undersigned agrees to release, indemnify, and hold harmless the University, its agents, employees, officers, and trustees from any and all claims or liability for injury or damages (including loss or damage to property) arising from or attributable to participation in the Camp and any travel associated with the Camp, including any activities Participant may engage in during free time, unless it is due to gross negligence or willful misconduct on the part of the University. (Please initial: ____/____)

MEDICAL ACKNOWLEDGEMENT AND CONSENT: Undersigned has consulted with a medical professional. Participant does not have a physical or medical condition that would interfere with the ability to participate in this Camp or that would endanger Participant’s health or the health or safety of others.

In case of sudden illness or accident, Undersigned authorizes the University to arrange for Participant to be taken to a medical care facility to receive medical treatment. Undersigned also authorizes and gives consent for licensed health professionals to perform or administer any reasonable, necessary surgical or medical treatment. Undersigned is responsible for any and all medical expenses, including for transportation. (Please initial: ____/____)

This Agreement contains the release of legal rights and claims. Please read and consider carefully before signing. Undersigned has read and understood the above provisions and voluntarily agrees to be bound by them.

Participant:

Parent or Legal Guardian:

(Necessary if Participant is under 18 years of age)

Printed Name: _____ Printed Name: _____

Signature: _____ Signature: _____

Medical Insurance Information

Participant's Full Name

Participant's Date of Birth

Insurance Subscriber's Full Name

Subscriber's Relationship to Participant

Insurance Company Name

Group and Policy Number

Emergency Contact Information

Contact #1

Name _____

Phone _____

Email Address _____

Contact #2

Name _____

Phone _____

Email Address _____

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize The Catholic University of America and those acting pursuant to its authority (“University”) to:

- (a) Record my likeness and voice in any medium; and
- (b) Use my name in connection with these recordings; and
- (c) Use, reproduce, exhibit or distribute in any medium these recordings for any purpose that the University deems appropriate, including promotional or advertising efforts.

I release the University from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Name: _____

Address: _____
Street

City

State

Zip

Phone: _____

Participant:

Parent or Legal Guardian:

(Necessary if Participant is under 18 years of age)

Printed Name: _____ Printed Name: _____

Signature: _____ Signature: _____